

834 Benefit Enrollment and Maintenance

HIPAA/V4010X095A1/834: 834 Benefit Enrollment and Maintenance

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Author:	California Department of Health Services - Office of HIPAA Compliance
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Notes:	

834 Benefit Enrollment and Maintenance

Functional Group=BE

This Draft Standard for Trial Use contains the format and establishes the data contents of the Benefit Enrollment and Maintenance Transaction Set (834) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to establish communication between the sponsor of the insurance product and the payer. Such transaction(s) may or may not take place through a third party administrator (TPA). For the purpose of this standard, the sponsor is the party or entity that ultimately pays for the coverage, benefit or product. A sponsor can be an employer, union, government agency, association, or insurance agency. The payer refers to an entity that pays claims, administers the insurance product or benefit, or both. A payer can be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Champus, etc.), or an entity that may be contracted by one of these former groups. For the purpose of the 834 transaction set, a third party administrator (TPA) can be contracted by a sponsor to handle data gathering from those covered by the sponsor if the sponsor does not elect to perform this function itself.

Not Defined:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
	ISA	Interchange Control Header	M	1			Required
	GS	Functional Group Header	M	1			Required

Heading:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
010	ST	Transaction Set Header	M	1			Required
020	BGN	Beginning Segment	M	1			Required
LOOP ID - 1000A					1	N1/070L	
070	N1	Sponsor Name	M	1			Required
LOOP ID - 1000B					1	N1/070L	
070	N1	Payer	M	1			Required

Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes	Usage
LOOP ID - 2000					>1		
010	INS	Member Level Detail	O	1		N2/010	Required
020	REF	Subscriber Number	M	1		N2/020	Required
020	REF	Member Policy Number	O	1		N2/020	Situational
020	REF	Member Identification Number	O	5		N2/020	Situational
025	DTP	Member Level Dates	O	20			Situational
LOOP ID - 2100A					1		
030	NM1	Member Name	O	1			Required
040	PER	Member Communications Numbers	O	1			Situational
050	N3	Member Residence Street Address	O	1			Situational
060	N4	Member Residence City, State, ZIP Code	O	1			Situational
080	DMG	Member Demographics	O	1			Situational
150	LUI	Member Language	O	5			Situational
LOOP ID - 2300					99		
260	HD	Health Coverage	O	1			Situational
270	DTP	Health Coverage Dates	O	4			Required
690	SE	Transaction Set Trailer	M	1			Required

Not Defined:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
	GE	Functional Group Trailer	M	1			Required
	IEA	Interchange Control Trailer	M	1			Required

Notes:

- 1/070L At least one iteration of loop 1000 is required to identify the sender or receiver.
- 1/070L At least one iteration of loop 1000 is required to identify the sender or receiver.
- 2/010 A Subscriber is a person who elects the benefits and is affiliated with the employer or the insurer. A Dependent is a person who is affiliated with the subscriber, such as a spouse, child, etc., and is therefore entitled to benefits. Subscriber information must come before dependent information. The INS segment is used to note if information being submitted is subscriber information or dependent information.
- 2/020 The REF segment is required to link the dependent(s) to the subscriber.
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- 2/020 The REF segment is required to link the dependent(s) to the subscriber.

ISA Interchange Control Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 16

User Option (Usage): Required

To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ISA01	I01	Authorization Information Qualifier Description: Code to identify the type of information in the Authorization Information User Note 4: <i>Authorization Information Qualifier00 – No Authorization Information Present</i> Code Name 00 No Authorization Information Present (No Meaningful Information in I02) <i>ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION.</i>	M	ID	2/2	Required
ISA02	I02	Authorization Information Description: Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01) User Note 4: <i>This field always includes 10 blank spaces.</i>	M	AN	10/10	Required
ISA03	I03	Security Information Qualifier Description: Code to identify the type of information in the Security Information User Note 4: <i>00 – No Security Information Present</i> Code Name 00 No Security Information Present (No Meaningful Information in I04) <i>ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA.</i>	M	ID	2/2	Required
ISA04	I04	Security Information Description: This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03) User Note 4: <i>This field always contains 10 blank spaces.</i>	M	AN	10/10	Required
ISA05	I05	Interchange ID Qualifier Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified User Note 4: <i>"ZZ" – Mutually Defined</i> Code Name 30 U.S. Federal Tax Identification Number ZZ Mutually Defined	M	ID	2/2	Required
ISA06	I06	Interchange Sender ID Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender	M	AN	15/15	Required

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		always codes this value in the sender ID element				
		User Note 4: "CA-DHS "				
		<i>This field has a required length of 15 bytes; therefore, the field is blank filled to the right.</i>				
ISA07	I05	Interchange ID Qualifier	M	ID	2/2	Required
		Description: Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified				
		User Note 4: ZZ – Mutually Defined				
		Code Name				
		30 U.S. Federal Tax Identification Number				
		ZZ Mutually Defined				
ISA08	I07	Interchange Receiver ID	M	AN	15/15	Required
		Description: Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them				
		User Note 4: "ReceiverID "				
		<i>A lookup was performed on the TPM table to find the ReceiverID.</i>				
		<i>This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.</i>				
ISA09	I08	Interchange Date	M	DT	6/6	Required
		Description: Date of the interchange				
		User Note 4: The date format is YYMMDD				
ISA10	I09	Interchange Time	M	TM	4/4	Required
		Description: Time of the interchange				
		User Note 4: The time format is HHMM				
ISA11	I10	Interchange Control Standards Identifier	M	ID	1/1	Required
		Description: Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer				
		User Note 4: always "U"				
		= U.S. EDI Community of ASC X12, TDCC, and UCS				
		All valid standard codes are used.				
ISA12	I11	Interchange Control Version Number	M	ID	5/5	Required
		Description: Code specifying the version number of the interchange control segments				
		User Note 4: 00401				
		<i>Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997</i>				
		Code Name				
		00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997				
ISA13	I12	Interchange Control Number	M	NO	9/9	Required
		Description: A control number assigned by the interchange sender				
		User Note 4: formula: 4 (for 834) + date(yyyymm + [dd for daily, "00" for monthly])				
		<i>The Interchange Control Number, ISA13,</i>				

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<i>must be identical to the associated Interchange Trailer IEA02.</i>				
ISA14	I13	Acknowledgment Requested Description: Code sent by the sender to request an interchange acknowledgment (TA1) User Note 4: <i>0 – No Acknowledgment Requested</i>	M	ID	1/1	Required
		Code Name				
		0 No Acknowledgment Requested				
ISA15	I14	Usage Indicator Description: Code to indicate whether data enclosed by this interchange envelope is test, production or information User Note 4: <i>P – Production Data T – Test Data During testing the usage indicator is T. After the trading partner is approved, the usage indicator is P.</i>	M	ID	1/1	Required
		Code Name				
		P Production Data				
		T Test Data				
ISA16	I15	Component Element Separator Description: Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator User Note 4: <i>The component element separator is a delimiter and not a data element. This is always a colon (:).</i>	M		1/1	Required

Notes:

The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by '.' for clarity.

Example:

```
ISA*00*.....*01*SECRET....*ZZ*SUBMITTERS.ID..*ZZ*RECEIVERS.ID...*930602*1253*U*00401*000000905*1
*T*~
```

GS Functional Group Header

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 8

User Option (Usage): Required

To indicate the beginning of a functional group and to provide control information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GS01	479	Functional Identifier Code Description: Code identifying a group of application related transaction sets User Note 4: The data element contains the appropriate identifier to designate the type of transaction data to follow the GS segment. In this case: BE – Benefit Enrollment and Maintenance (834)	M	ID	2/2	Required
GS02	142	Code Name BE Benefit Enrollment and Maintenance (834) Application Sender's Code Description: Code identifying party sending transmission; codes agreed to by trading partners User Note 4: CA-DHS	M	AN	2/15	Required
GS03	124	Application Receiver's Code Description: Code identifying party receiving transmission; codes agreed to by trading partners Alias: Application Receiver's Code - found by a lookup to the TPM table	M	AN	2/15	Required
GS04	373	Date Description: Date expressed as CCYYMMDD	M	DT	8/8	Required
GS05	337	Time Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) User Note 4: The time format is HHMMSS.	M	TM	4/8	Required
GS06	28	Group Control Number Description: Assigned number originated and maintained by the sender User Note 4: This data element contains a uniquely assigned number and matches the number in the corresponding GE02 data element on the GE group trailer segment. Configured using the following formula: 4 (for 834) + date(yyymm + [dd for daily, "00" for monthly])	M	N0	1/9	Required
GS07	455	Responsible Agency Code Description: Code identifying the issuer of the standard; this code is used in	M	ID	1/2	Required

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		conjunction with Data Element 480 User Note 4: "X" – Accredited Standards Committee X12				
		Code Name				
GS08	480	X Accredited Standards Committee X12 Version / Release / Industry Identifier Code Description: Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed User Note 4: 004010X095A1 for the 834	M	AN	1/12	Required
		Code Name				
		004010X095 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide. A1				

Semantics:

1. GS04 is the group date.
2. GS05 is the group time.
3. The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.

Comments:

1. A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.

Example:

```
GS*HC*SENDER CODE*RECEIVER CODE*19940331*0802*1*X*004010X097~
```


ST Transaction Set Header

Pos: 010	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

To indicate the start of a transaction set and to assign a control number

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ST01	143	Transaction Set Identifier Code Description: Code uniquely identifying a Transaction Set User Note 4: 834	M	ID	3/3	Required
		Code Name 834 Benefit Enrollment and Maintenance <i>REQUIRED</i>				
ST02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set User Note 4: <i>The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. For example, start with the number 0001 and increment from there. This number must be unique within a specific group and interchange, but the number can repeat in other groups and interchanges. This number is assigned locally by the sender and matches the value in the corresponding SE02 element.</i>	M	AN	4/9	Required

Semantics:

1. The transaction set identifier (ST01) used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).

Example:

ST*834*0001~

BGN Beginning Segment

Pos: 020	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 7

User Option (Usage): Required

To indicate the beginning of a transaction set

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
BGN01	353	Transaction Set Purpose Code Description: Code identifying purpose of transaction set User Note 4: 00 – Original All transaction sets are generated as original transactions. If the original transaction has already been processed, an incoming transaction using this code may be rejected by the receiver. The rejection will be identified to the sender by telephone or other direct contact.	M	ID	2/2	Required
		Code Name 00 Original The “00” indicates the first time the transaction is sent.				
BGN02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Transaction Set Identifier Code User Note 4: Use the transaction set reference number assigned by the sender's application to uniquely identify this occurrence of the transaction for future reference. Health Plan Code + date + 'C' + Transaction number (incremented by one for every 10,000 records) The transaction set ID code consists of the three-digit Health Plan Code, the creation date (ccyyymmdd), the file type (A – Audit, C – Change), and a three-digit sequential number. The three-digit sequential number is used when the number of 834 transactions exceeds the IG requirement. 001 represents the first 10,000, 002 represents the second 10,000 and so forth.	M	AN	1/30	Required
BGN03	373	Date Description: Date expressed as CCYYMMDD Industry: Transaction Set Creation Date User Note 4: Use this date to identify the date that the submitter created the file.	M	DT	8/8	Required
BGN04	337	Time Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S =	C	TM	4/8	Required

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) Industry: <i>Transaction Set Creation Time</i> User Note 4: <i>Use the time to identify the time of day that the submitter created the file. This element is used as a time stamp to uniquely identify the transmission. This is the time the transaction was created and assigned by the translator. Format is hhmmss.</i>				
BGN05	623	Time Code Description: Code identifying the time. In accordance with International Standards Organization standard 8601, time can be specified by a + or - and an indication in hours in relation to Universal Time Coordinate (UTC) time; since + is a restricted character, + and - are substituted by P and M in the codes that follow Industry: <i>Time Zone Code</i> CODE SOURCE: <i>94: International Organization for Standardization (Date and Time)</i> User Note 4: <i>Use the time code if the sender and receiver are not in the same time zone. Not used by CA-DHS</i> All valid standard codes are used.	O	ID	2/2	Situational
BGN06	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Transaction Set Identifier Code</i> User Note 4: <i>If BGN01 equals 15 or 22, then BGN06 should be used to cross reference to the previously sent transaction. Not used by CA-DHS</i>	O	AN	1/30	Situational
BGN08	306	Action Code Description: Code indicating type of action User Note 4: <i>2 – Change 4 -- Verify Change files (2) are created daily – Monday through Friday. Any changes that have occurred since the last file creation are reported. Audit files (4) are created once monthly.</i> Code Name 1 Add 2 Change (Update) 3 Delete 4 Verify <i>Used to identify a transaction of additions, terminations and changes to the current enrollment.</i> <i>Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized.</i>	O	ID	1/2	Required

Syntax Rules:

1. C0504 - If BGN05 is present, then BGN04 is required.

Semantics:

1. BGN02 is the transaction set reference number.
2. BGN03 is the transaction set date.
3. BGN04 is the transaction set time.
4. BGN05 is the transaction set time qualifier.
5. BGN06 is the transaction set reference number of a previously sent transaction affected by the current transaction.

Comments:

1. This segment describes the type of transaction sent such as Audit or Change.

Example:

*BGN*00*11227*19970920*1200*ES***2~*

N1 Sponsor Name

Pos: 070	Max: 1
Heading - Mandatory	
Loop: 1000A	Elements: 4

User Option (Usage): Required

To identify a party by type of organization, name, and code

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual User Note 4: <i>P5 – Plan Sponsor</i>	M	ID	2/3	Required
		Code Name P5 Plan Sponsor				
N102	93	Name Description: Free-form name Industry: <i>Plan Sponsor Name</i> User Note 4: <i>"California - Department of Health Services"</i>	C	AN	1/60	Situational
N103	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) User Note 4: <i>FI – Federal Taxpayer's Identification Number</i>	C	ID	1/2	Required
		Code Name FI Federal Taxpayer's Identification Number <i>The developers recommend that this code be used until the HIPAA standard identifier is implemented.</i> ZZ Mutually Defined <i>The value 'ZZ', when used in this data element shall be defined as "HIPAA Employer Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard employer identifier for use in this transaction.</i>				
N104	67	Identification Code Description: Code identifying a party or other code Industry: <i>Sponsor Identifier</i> User Note 4: <i>"68-0317191" CA-DHS Federal Id Number</i>	C	AN	2/80	Required

Syntax Rules:

1. R0203 - At least one of N102 or N103 is required.
2. P0304 - If either N103 or N104 is present, then the other is required.

Comments:

1. This segment contains the identifying information for the sender
2. This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.
3. N105 and N106 further define the type of entity in N101.

Notes:

1. Use this loop to identify the sponsor. See section 1.3 for the definition of sponsor.

Example:

N1*P5**FI*12356799~

N1 Payer

Pos: 070	Max: 1
Heading - Mandatory	
Loop: 1000B	Elements: 4

User Option (Usage): Required

To identify a party by type of organization, name, and code

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual User Note 4: <i>IN – Insurer</i>	M	ID	2/3	Required
		Code Name IN Insurer				
N102	93	Name Description: Free-form name Industry: <i>Insurer Name</i> User Note 4: <i>The name of the Health Care Plan - found by doing a lookup to the TPM table.</i>	C	AN	1/60	Situational
N103	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) User Note 4: <i>FI – Federal taxpayer's identification</i>	C	ID	1/2	Required
		Code Name FI Federal Taxpayer's Identification Number ZZ Mutually Defined				
N104	67	Identification Code Description: Code identifying a party or other code Industry: <i>Insurer Identification Code</i> User Note 4: <i>This is the Health Care Plan's federal tax ID - found by doing a lookup to the TPM table.</i> ExternalCodeList Name: 540 Description: Health Care Financing Administration National PlanID	C	AN	2/80	Required

Syntax Rules:

1. R0203 - At least one of N102 or N103 is required.
2. P0304 - If either N103 or N104 is present, then the other is required.

Comments:

1. This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.
2. N105 and N106 further define the type of entity in N101.
3. This segment contains the federal taxpayer's identifier for the payer.

Notes:

1. Use this loop to identify the payer. See section 1.3 for the definition of a payer.

Example:

N1*IN**FI*12356799~

INS Member Level Detail

Pos: 010	Max: 1
Detail - Optional	
Loop: 2000	Elements: 13

User Option (Usage): Required

To provide benefit information on insured entities

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
INS01	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: <i>Insured Indicator</i> Alias: <i>Subscriber Indicator</i> User Note 4: Y – Yes <i>Since the CA-DHS member is always the patient, this value is always Y. The insured is the subscriber.</i>	M	ID	1/1	Required
		Code Name N No Y Yes				
INS02	1069	Individual Relationship Code Description: Code indicating the relationship between two individuals or entities User Note 4: 18 – Self <i>Since the CA-DHS member is always the patient, this value is always 18. The insured is the subscriber.</i> <i>This value should be 18 for the subscriber.</i> <i>For dependents, use this value to identify the relationship to the subscriber. For example, a daughter would be value 19.</i>	M	ID	2/2	Required
		Code Name 18 Self				
INS03	875	Maintenance Type Code Description: Code identifying the specific type of item maintenance Field Name: FM-MD-1ST-HCP-ST_001 Notes: if Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") like "01" then "021" else "024" end if User Note 4: 021 – Addition 024 – Cancellation or Termination 030 – Audit or Compare <i>The monthly audit file consists of only 030. The change file contains 001, 024.</i> <i>For further information about full file audits versus change only transactions see section 2.6 (Updates versus Full File Audits) of this guide.</i>	O	ID	3/3	Required
		Code Name 001 Change				

		<u>Code</u>	<u>Name</u>				
			Use this code to indicate a change to an existing subscriber/dependent record.				
		021	Addition				
			Use this code to add a subscriber or dependent.				
		024	Cancellation or Termination				
			Use this code for cancellation, termination, or deletion of a subscriber or dependent.				
		025	Reinstatement				
			Use this code for reinstatement of a cancelled subscriber/dependent record.				
		030	Audit or Compare				
			Use this code when sending a full roster to verify that the sponsor and payer databases are synchronized. See section 2.6, Updates versus Full File Audits, for additional information				
INS04	1203	Maintenance Reason Code		O	ID	2/3	Situational
Description: Code identifying the reason for the maintenance change							
Field Name: FM-MD-1ST-HCP-ST_001							
Notes: if Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") like "01" then "28" else "07" end if							
User Note 4: 07 - Termination of Benefits 28 - Initial Enrollment Recommended: To be sent unless the trading partner agreement between the sponsor and payer allow this data element to not be sent.							
		<u>Code</u>	<u>Name</u>				
		07	Termination of Benefits				
		20	Active				
		22	Plan Change				
			This is used when a member changes from one Plan to a different Plan. This is not intended to identify changes to a Plan.				
		25	Change in Identifying Data Elements				
			Use this code when a change has been made to the primary elements that identify an individual. Such primary elements include the following: first name, last name, Social Security Number, date of birth, and employee identification number.				
		28	Initial Enrollment				
		41	Re-enrollment				
		43	Change of Location				
			Use this code to indicate a change of address.				
		AI	No Reason Given				
		XN	Notification Only				
			To be used in complete enrollment transmissions. This is used when INS03 is equal to 030 (Audit/Compare).				
		XT	Transfer				
			This is used when an employee has an organizational change (i.e. a location change within the organization) with no change in benefits or Plan.				
INS05	1216	Benefit Status Code		O	ID	1/1	Required
Description: The type of coverage under which benefits are paid							
User Note 4: A – Active Data is only supplied for active Medicaid members.							
		<u>Code</u>	<u>Name</u>				
		A	Active				
		C	Consolidated Omnibus Budget Reconciliation Act (COBRA)				
		S	Surviving Insured				

INS06	1218	Code Name				
		T Tax Equity and Fiscal Responsibility Act (TEFRA)				
		Medicare Plan Code	O	ID	1/1	Situational
		Description: Code identifying the Medicare Plan				
		Field Name: FM-MD-MEDICARE-ST_00				
		Example: FM-MD-MEDICARE-ST_001				
		Notes: if				
		left(Records("FM-SEGMENT-01").Fields("FM-MD-MEDICARE-ST_001"),1) like "1 2 3 7"				
		and				
		right(Records("FM-SEGMENT-01").Fields("FM-MD-MEDICARE-ST_001"),1) like "1 2 4 7"				
		then				
		"C"				
		elseif				
		left(Records("FM-SEGMENT-01").Fields("FM-MD-MEDICARE-ST_001"),1) like "1 2 3 7"				
		and				
		right(Records("FM-SEGMENT-01").Fields("FM-MD-MEDICARE-ST_001"),1) !~ "1 2 4 7"				
		then				
		"A"				
		elseif				
		left(Records("FM-SEGMENT-01").Fields("FM-MD-MEDICARE-ST_001"),1) !~ "1 2 3 7"				
		and				
		right(Records("FM-SEGMENT-01").Fields("FM-MD-MEDICARE-ST_001"),1) like "1 2 4 7"				
		then				
		"B"				
		else				
		"E"				
		end if				
		User Note 4: This element is REQUIRED if a member is being enrolled or disenrolled in Medicare, is currently enrolled in Medicare or has terminated or changed their Medicare enrollment.				
		A – Medicare				
		AB – Medicare				
		BC – Medicare A & B				
		E – No Medicare				
		If a member has Medicare coverage, the applicable value is sent. If no longer covered, E is sent.				
		Code Name				
		A Medicare Part A				
		B Medicare Part B				
		C Medicare Part A and B				
		D Medicare				
		Medicare - Part Unknown				
		E No Medicare				
INS07	1219	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code	O	ID	1/2	Situational
		Description: A Qualifying Event is any of the following which results in loss of coverage for a Qualified Beneficiary				
		Industry: Consolidated Omnibus Budget				

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<i>Reconciliation Act (COBRA) Qualifying Event Code</i>				
		User Note 4: <i>This element is REQUIRED if a member is being enrolled in or is enrolled for a benefit covered by COBRA.</i> <i>***Not used by CA-DHS***</i>				
		Code Name				
		1 Termination of Employment				
		2 Reduction of work hours				
		3 Medicare				
		4 Death				
		5 Divorce				
		6 Separation				
		7 Ineligible Child				
		8 Bankruptcy of a Retired Employee				
INS08	584	Employment Status Code	O	ID	2/2	Situational
		Description: Code showing the general employment status of an employee/claimant				
		User Note 4: <i>FT – Full-time Required for subscriber.</i> <i>If this insurance enrollment is through a non Employment based program such as Medicare or Medicaid then this data element will contain the status of the subscriber in that program, rather than their employment status. Codes for non employment based programs will be limited to “FT”, Full Time, “PT”, Part-Time, and “TE”, Terminated.</i>				
		Code Name				
		FT Full-time				
		Full time active employee				
		PT Part-time				
		Part time Active Employee				
		RT Retired				
		TE Terminated				
INS09	1220	Student Status Code	O	ID	1/1	Situational
		Description: Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured				
		User Note 4: <i>Only use the Student Status Code when describing a non-spouse dependent whose age requires a qualifying condition for enrollment (e.g., being an active student). See the Plan contract for details of the age requirements for student status usage.</i> <i>***Not used by CA-DHS***</i>				
		All valid standard codes are used.				
INS10	1073	Yes/No Condition or Response Code	O	ID	1/1	Situational
		Description: Code indicating a Yes or No condition or response				
		Industry: <i>Handicap Indicator</i>				
		User Note 4: <i>This element is REQUIRED if the member is handicapped or to correct previous report of handicapped status.</i> <i>***Not used by CA-DHS***</i>				
		Code Name				
		N No				

		<u>Code</u>	<u>Name</u>				
		Y	Yes				
INS11	1250	Date Time Period Format Qualifier		C	ID	2/3	Situational
		Description: Code indicating the date format, time format, or date and time format					
		User Note 4: "D8"					
		<i>The date is in CCYYMMDD format</i>					
		<u>Code</u>	<u>Name</u>				
		D8	Date Expressed in Format CCYYMMDD				
INS12	1251	Date Time Period		C	AN	1/35	Situational
		Description: Expression of a date, a time, or range of dates, times or dates and times					
		Field Name: FM-DEATH-CC &FM-D					
		Example: FM-DEATH-CC & FM-DEATH-DATE					
		Notes:					
		trim(Records("FM-SEGMENT-01").Fields("FM-DEATH-CC")) &					
		trim(Records("FM-SEGMENT-01").Fields("FM-DEATH-DATE"))					
		Industry: <i>Insured Individual Death Date</i>					
		User Note 4: <i>Use this date for the date of death of the subscriber/dependent. This does not replace the use of the termination date within the 2300 loop.</i>					
INS17	1470	Number		O	N0	1/9	Situational
		Description: A generic number					
		Industry: <i>Birth Sequence Number</i>					
		User Note 4: <i>Required if reporting family members with the same birth date, when needed for proper reporting, tracking or response to benefits.</i>					
		Not used by CA-DHS					

Syntax Rules:

1. P1112 - If either INS11 or INS12 is present, then the other is required.

Semantics:

1. INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber; an "N" value indicates the insured is a dependent.
2. INS10 is the handicapped status indicator. A "Y" value indicates an individual is handicapped; an "N" value indicates an individual is not handicapped.
3. INS12 is the date of death.
4. INS14, INS15, and INS16 identify where the employee works.
5. INS17 is the number assigned to each family member born with the same birth date. This number identifies birth sequence for multiple births allowing proper tracking and response of benefits for each dependent (i.e., twins, triplets, etc.).

Comments:

1. No more than 10,000 INS segments can occur in a single 834 transaction.

Notes:

1. Subscriber information must precede dependent information in a transmission, or the subscriber information must have been submitted to the receiver in a previous transmission.
2. No more than 10,000 INS segments can occur in a single 834 transaction. Multiple transactions within a single interchange can be used to transfer information on larger numbers of members.

Example:

INS*Y*18*021*28*A*E**FT~

REF Subscriber Number

Pos: 020	Max: 1
Detail - Mandatory	
Loop: 2000	Elements: 2

User Option (Usage): Required

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification User Note 4: <i>0F – Subscriber Number</i> Code Name 0F Subscriber Number <i>The assignment of the Subscriber Number is designated within the Insurance Contract.</i>	M	ID	2/3	Required
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Field Name: FM-MEDS-ID Industry: <i>Subscriber Identifier</i> User Note 4: <i>This represents the CA-DHS MEDS ID.</i>	C	AN	1/30	Required

Syntax Rules:

1. R0203 - At least one of REF02 or REF03 is required.

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Comments:

1. This segment contains the CA-DHS member's ID

Notes:

1. If the subscriber's/dependent's Social Security Number is known, it should be passed in the NM108 segment (position 2-030).
2. This segment must contain a unique SUBSCRIBER identification number (SSN or other). This occurrence is identified by the 0F qualifier (REF01). This identifier is used for linking the subscriber with dependents as required under many policies.
3. The developers recommend using the identifier developed under the HIPAA legislation, when that becomes available.

Example:

REF*0F*920399398~

REF Member Policy Number

Pos: 020	Max: 1
Detail - Optional	
Loop: 2000	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification User Note 4: <i>IL - Member Policy Number</i> Code Name 1L Group or Policy Number <i>The payer is responsible for making the assignment of the Group or Policy Number.</i>	M	ID	2/3	Required
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: <i>Insured Group or Policy Number</i> User Note 4: <i>"NO DATA AVAILABLE" Member Policy Number not available on FAME file.</i>	C	AN	1/30	Required

Syntax Rules:

1. R0203 - At least one of REF02 or REF03 is required.

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Notes:

1. This segment should be used if the policy or group number applies to all coverage data (all 2300 loops) that apply for this member.
2. This segment is required unless the policy number is sent in the REF segment, loop 2300 position 290.

Example:

REF*1L*9CC4123~

REF Member Identification Number

Pos: 020	Max: 5
Detail - Optional	
Loop: 2000	Elements: 2

User Option (Usage): Situational

To specify identifying information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Notes: FM-SERIAL & FM-FBU & FM-PERSON = 3H FM-CLIENT-INDEX-NUMBER = 23 FM-HIC-NBR = F6 FM-PRIOR-MEDS-ID = Q4 FM-CNTY-CODE & FM-AID-CODE & FM-SERIAL & FM-FBU & FM-PERSON = 17 User Note 4: 3H – Case Number 23 – Client Index Number F6 – HIC number Q4 – Prior Identifier Number 17 – Client Reporting Category Code Name 17 Client Reporting Category <i>This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.</i> 23 Client Number <i>To be used to pass a payer specific identifier for a member. Not to be used after the HIPAA standard National Identifier for Individuals is implemented.</i> 3H Case Number 6O Cross Reference Number <i>This number is used to tie the Surviving Insured back to the original Subscriber ID.</i> DX Department/Agency Number <i>Use when members in a coverage group are set up as different departments or divisions under the terms of the insurance policy.</i> F6 Health Insurance Claim (HIC) Number <i>Use when reporting Medicare eligibility for a member until the National Identifier is mandated for use.</i> Q4 Prior Identifier Number <i>Use to pass the Identifier Number under which the member had previous coverage with the payer. This could be the result of a change in employment or coverage that resulted in a new ID number being assigned but left the member covered by the same payer.</i> ZZ Mutually Defined <i>Use this code to transmit the title of the members employment position.</i>	M	ID	2/3	Required
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Notes: FM-SERIAL & FM-FBU & FM-PERSON = 3H	C	AN	1/30	Required

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		FM-CLIENT-INDEX-NUMBER = 23 FM-HIC-NBR = F6 FM-PRIOR-MEDS-ID = Q4 FM-CNTY-CODE & FM-AID-CODE & FM-SERIAL & FM-FBU & FM-PERSON = 17 Industry: <i>Subscriber Supplemental Identifier</i> User Note 4: <i>When 3H is reported, REF02 contains the case number. When 23 is reported, REF02 contains the Client Index Number. When F6 is reported, REF02 contains the HIC number. When Q4 is reported, REF02 contains the prior CA-DHS MEDS ID. When 17 is reported, REF02 contains the CA-DHS County ID Number</i>				

Syntax Rules:

1. R0203 - At least one of REF02 or REF03 is required.

Semantics:

1. REF04 contains data relating to the value cited in REF02.

Comments:

1. Two member identification segments are sent with three additional segments possible for linked member identification numbers.

Notes:

1. *This segment is used to pass further identifying information on the member. It should be used if the data is available. See REF01 for data elements that can be passed.*

Example:

REF*17*920399398~

DTP Member Level Dates

Pos: 025	Max: 20
Detail - Optional	
Loop: 2000	Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	Date/Time Qualifier	M	ID	3/3	Required

Description: Code specifying type of date or time, or both date and time

Field Name: FM-MD-1ST-HCP-ST_001

Notes: if

Records("FM-SEGMENT-01").Fields("FM-M D-1ST-HCP-ST_001") like "01" then

"356"

else

"357"

end if

Industry: Date Time Qualifier

User Note 4: The qualifiers 356 and 357 are used for reporting the member's eligibility effective date and end date under a specific PCP.

356 for new enrollments

357 for terminations

Code Name

301 Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event

303 Maintenance Effective

338 Medicare Begin

339 Medicare End

340 Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin

341 Consolidated Omnibus Budget Reconciliation Act (COBRA) End

356 Eligibility Begin

This is used to convey the beginning date when a member could elect to enroll or begin benefits in any health care plan through the employer. This is not the actual begin date, which is conveyed in the DTP segment at position 270.

357 Eligibility End

This code is used as the end of eligibility date (termination reason).

473 Medicaid Begin

474 Medicaid End

DTP02	1250	Date Time Period Format Qualifier	M	ID	2/3	Required
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Description: Code indicating the date format, time format, or date and time format

User Note 4: "D8"

The date is in CCYYMMDD format

Code Name

D8 Date Expressed in Format CCYYMMDD

DTP03	1251	Date Time Period	M	AN	1/35	Required
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Description: Expression of a date, a time, or range of dates, times or dates and times

Field Name: FM-MD-1ST-HCP-ST_001

Notes: if

Records("FM-SEGMENT-01").Fields("FM-M D-1ST-HCP-ST_001") like "01" then

format(date(),"yyyymm") & "01"

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		else format(dateadd("d",-format(date(),"dd"),date()),"yyyymmdd") end if				
		Industry: <i>Status Information Effective Date</i>				
		User Note 4: <i>first day of this month if new enrollment last day of previous month if termination</i>				

Semantics:

1. DTP02 is the date or time or period format that will appear in DTP03.

Notes:

1. Applicable dates, as listed in DTP01, are **REQUIRED** when enrolling a member or when the sponsor is informed of any change to those dates. Only those dates that apply to the particular insurance contract need to be sent.
2. While many of the dates listed for DTP01 are related to termination, the only code that is used to actually terminate a Member is 357 (Eligibility End). Similarly, the only date that identifies the start of coverage for an initial enrollment is 356 (Eligibility Begin).

Example:

DTP*356*D8*19960705~

NM1 Member Name

Pos: 030	Max: 1
Detail - Optional	
Loop: 2100A	Elements: 9

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual User Note 4: <i>IL – Insured or Subscriber</i> Code Name 74 Corrected Insured <i>Use this code if this transmission is correcting the identifier information on a member already enrolled. Usage of this code requires the sending of an NM1 with code '70' in loop 2100B.</i> IL Insured or Subscriber <i>Use this code for enrolling a new member or updating a member with no change in identifying information. The identifying information for a member is specified under the insurance contract between the sponsor and payer.</i>	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity User Note 4: <i>1 - Person</i> Code Name 1 Person	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Field Name: FM-LAST-NAME Industry: <i>Subscriber Last Name</i> User Note 4: <i>This is the CA-DHS member's last name.</i>	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Field Name: FM-FIRST-NAME Industry: <i>Subscriber First Name</i> User Note 4: <i>This is the CA-DHS member's last name.</i>	O	AN	1/25	Required
NM105	1037	Name Middle Description: Individual middle name or initial Field Name: FM-INITIAL Industry: <i>Subscriber Middle Name</i> User Note 4: <i>This is the CA-DHS member's middle initial.</i>	O	AN	1/25	Situational
NM106	1038	Name Prefix Description: Prefix to individual name Industry: <i>Subscriber Name Prefix</i> User Note 4: <i>Send if supplied by subscriber. ***Not used by CA-DHS***</i>	O	AN	1/10	Situational
NM107	1039	Name Suffix	O	AN	1/10	Situational

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Description: Suffix to individual name Industry: <i>Subscriber Name Suffix</i> User Note 4: <i>Send if supplied by subscriber.</i> <i>***Not used by CA-DHS***</i>				
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) User Note 4: <i>Send when required by X12 syntax.</i> <i>***Not used by CA-DHS***</i>	C	ID	1/2	Situational
		Code Name 34 Social Security Number <i>The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.</i> ZZ Mutually Defined <i>Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.</i>				
NM109	67	Identification Code Description: Code identifying a party or other code Industry: <i>Subscriber Identifier</i> User Note 4: <i>Until the the HIPAA Individual Identifier is available the SSN is to be sent when available and allowed under confidentiality regulations.</i> <i>***Not used by CA-DHS***</i>	C	AN	2/80	Situational

Syntax Rules:

1. P0809 - If either NM108 or NM109 is present, then the other is required.
2. C1110 - If NM111 is present, then NM110 is required.

Semantics:

1. NM102 qualifies NM103.

Comments:

1. This segment contains a member's identifying information.
2. NM110 and NM111 further define the type of entity in NM101.

Notes:

1. **REQUIRED** when enrolling a new member, changing a member's demographic information, or terminating a member.

Example:

NM1*IL*1*SMITH*JOHN*M**SR~

PER Member Communications Numbers

Pos: 040	Max: 1
Detail - Optional	
Loop: 2100A	Elements: 7

User Option (Usage): Situational

To identify a person or office to whom administrative communications should be directed

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named User Note 4: <i>IP – Insured Party</i>	M	ID	2/2	Required
		Code Name IP Insured Party				
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number User Note 4: <i>TE – Telephone</i>	C	ID	2/2	Required
		Code Name TE Telephone				
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable Field Name: WS-FO-BENE-PHONE User Note 4: <i>This is the CA-DHS member's telephone number.</i>	C	AN	1/80	Required
PER05	365	Communication Number Qualifier Description: Code identifying the type of communication number User Note 4: <i>Send when required by X12 syntax.</i> <i>***Not used by CA-DHS***</i>	C	ID	2/2	Situational
		Code Name TE Telephone				
PER06	364	Communication Number Description: Complete communications number including country or area code when applicable User Note 4: <i>This element should be sent if additional communication numbers are available.</i> <i>***Not used by CA-DHS***</i>	C	AN	1/80	Situational
PER07	365	Communication Number Qualifier Description: Code identifying the type of communication number User Note 4: <i>Send when required by X12 syntax.</i> <i>***Not used by CA-DHS***</i>	C	ID	2/2	Situational
		Code Name TE Telephone				
PER08	364	Communication Number Description: Complete communications	C	AN	1/80	Situational

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		number including country or area code when applicable				
		User Note 4: <i>This element should be sent if additional communication numbers are available.</i> <i>***Not used by CA-DHS***</i>				

Syntax Rules:

1. P0304 - If either PER03 or PER04 is present, then the other is required.
2. P0506 - If either PER05 or PER06 is present, then the other is required.
3. P0708 - If either PER07 or PER08 is present, then the other is required.

Comments:

1. This segment contains the CA-DHS member's primary telephone number.

Notes:

1. This segment is used when contact information is provided to the sponsor about the member. The contact information should be sent to the payer when enrolling subscribers, when enrolling dependents and the dependent's contact number is different than the subscriber's contact, and when changing a member's contact information.
2. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.
3. By definition of the standard, if PER03 is used, PER04 is required.

Example:

PER*IP**HP*8015554321~

N3 Member Residence Street Address

Pos: 050	Max: 1
Detail - Optional	
Loop: 2100A	Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Field Name: WS-FO-RES-ADDR-LINE1 Industry: <i>Subscriber Address Line</i> User Note 4: <i>This is the first line of the CA-DHS member's street address.</i>	M	AN	1/55	Required
N302	166	Address Information Description: Address information Field Name: WS-FO-RES-ADDR-LINE2 Industry: <i>Subscriber Address Line</i> User Note 4: <i>Required if a second address line exists.</i> <i>This is the second line of the CA-DHS member's street address.</i>	O	AN	1/55	Situational

Comments:

1. This segment contains the CA-DHS member's street address.

Notes:

1. **REQUIRED** when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address.

Example:

N3*50 ORCHARD STREET~

User Note 4:

If this segment is missing - This is a valid error based on the lack of FAME residence data for a member.

The trading partner should contact their DHS account manager to update the member residence address.

It may be very valid that a member does not have a residence, i.e. a homeless or transient member. If the trading partner did not want to see these errors they would need to change their validator or accept the errors as valid.

N4 Member Residence City, State, ZIP Code

Pos: 060	Max: 1
Detail - Optional	
Loop: 2100A	Elements: 6

User Option (Usage): Situational

To specify the geographic place of the named party

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Field Name: WS-FO-RES-ADDR-CITY- Example: WS-FO-RES-ADDR-CITY-STATE Industry: <i>Subscriber City Name</i> User Note 4: <i>This is the CA-DHS member's city of residence.</i>	O	AN	2/30	Required
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Field Name: WS-FO-RES-STATE Industry: <i>Subscriber State Code</i> CODE SOURCE: <i>22: States and Outlying Areas of the U.S.</i> User Note 4: <i>This is the CA-DHS member's state of residence. If this element is missing - This is a valid error based on the lack of FAME residence data for a member. The trading partner should contact their DHS account manager to update the member residence address.</i> ExternalCodeList Name: 22	O	ID	2/2	Required
N403	116	States and Outlying Areas of the U.S. Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Field Name: WS-FO-RES-ZIP-CODE Industry: <i>Subscriber Postal Zone or ZIP Code</i> CODE SOURCE: <i>51: ZIP Code</i> User Note 4: <i>This is the CA-DHS member's postal or ZIP code.</i> ExternalCodeList Name: 51	O	ID	3/15	Required
N404	26	Country Code Description: Code identifying the country CODE SOURCE: <i>5: Countries, Currencies and Funds</i> User Note 4: <i>Required only if country is not USA.</i>	O	ID	2/3	Situational

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		Not used by CA-DHS.				
		ExternalCodeList				
		Name: 5				
N405	309	Description: Countries, Currencies and Funds	C	ID	1/2	Situational
		Location Qualifier				
		Description: Code identifying type of location				
		User Note 4: Send when required by X12 syntax.				
		CY – County/Parish				
		Code Name				
		60 Area				
		The area code indicates that N406 will contain an out-of-area indicator for this member. The meaning of that indicator is defined in the trading partner agreement.				
		CY County/Parish				
N406	310	Location Identifier	O	AN	1/30	Situational
		Description: Code which identifies a specific location				
		Field Name: WS-FO-RES-CNTY				
		Industry: Location Identification Code				
		User Note 4: This is the county code of the CA-DHS member's residence.				
		This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.				

Syntax Rules:

1. C0605 - If N406 is present, then N405 is required.

Comments:

1. This segment contains the CA-DHS member's city, state, ZIP Code and county code information
2. A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
3. N402 is required only if city name (N401) is in the U.S. or Canada.

Notes:

1. **REQUIRED** when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address.

Example:

N4*ROCK HILL*FL*33131~

User Note 4:

If this segment is missing - This is a valid error based on the lack of FAME residence data for a member.

The trading partner should contact their DHS account manager to update the member residence address.

It may be very valid that a member does not have a residence, i.e. a homeless or transient member. If the trading partner did not want to see these errors they would need to change their validator or accept the errors as valid.

DMG Member Demographics

Pos: 080	Max: 1
Detail - Optional	
Loop: 2100A	Elements: 6

User Option (Usage): Situational

To supply demographic information

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DMG01	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format User Note 4: "D8" <i>The date is in CCYYMMDD format.</i>	C	ID	2/3	Required
		Code Name D8 Date Expressed in Format CCYYMMDD				
DMG02	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Field Name: FM-DOB Example: FM-DOB-C & FM-DOB-YYY & FM-DOB-MM & FM-DOB-DD Industry: Member Birth Date	C	AN	1/35	Required
DMG03	1068	Gender Code Description: Code indicating the sex of the individual Field Name: FM-SEX User Note 4: F – Female M – Male U - Unknown	O	ID	1/1	Required
		Code Name F Female M Male U Unknown <i>This code is to be used when the gender is unknown or when it can not be report for any other reason. Unknown should only be used when there is no way of obtaining the gender of the member. This may cause problems in some systems and should be avoided.</i>				
DMG04	1067	Marital Status Code Description: Code defining the marital status of a person User Note 4: <i>This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.</i> ***Not used by CA-DHS***	O	ID	1/1	Situational
		Code Name B Registered Domestic Partner D Divorced				

		Code	Name				
		I	Single				
		M	Married				
		R	Unreported				
		S	Separated				
		U	Unmarried (Single or Divorced or Widowed)				
		This code should be used if the previous status is unknown.					
		W	Widowed				
		X	Legally Separated				
DMG05	1109	Race or Ethnicity Code		O	ID	1/1	Situational
Description: Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes							
Field Name: FM-ETHNIC-CD							
User Note 4: These codes are not HIPAA compliant codes. CA-DHS uses the following ethnic code to transmit a non-compliant 834 transaction. Trading partner should contact their DHS account manager if they need further explanation.							
1=White							
2=Hispanic							
3=Black							
4=Asian or Pacific Islander							
5=Alaskan Native or American Indian							
7=Filipino							
8=No Valid Data Reported							
9=No Response, client declined to state							
A=Amerasian							
C=Chinese							
H=Cambodian							
J=Japanese							
K=Korean							
M=Somoan							
N=Asian Indian							
P=Hawaiian							
R=Guamanian							
T=Laotian							
V=Vietnamese							
Z=Other							
This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.							
ExternalCodeList							
Name: Ethnic Codes							
Description:							
DMG06	1066	Citizenship Status Code		O	ID	1/2	Situational
Description: Code indicating citizenship status							
Field Name: FM-ALIEN-CD							
User Note 4: These codes are not HIPAA							

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<p>compliant codes. CA-DHS uses the following citizenship status codes to transmit a non-compliant 834 transaction. Trading partner should contact their DHS account manager if they need further explanation.</p> <p>1=Refugee admitted under section 207 of the INA</p> <p>2=Deportation withheld under section 243(h) or 241(b)(3) of the INA</p> <p>3=Lawful Permanent Residence (LPR) with 40 work quarters</p> <p>4=LPR Alien on active duty in the military or an honorable discharged veteran</p> <p>5=LPR spouse or un-remarried surviving spouse of active duty military/veteran</p> <p>6=LPR dependent child of active duty military/veteran</p> <p>8=Amerasian admitted to the U.S. as a Lawful Permanent Resident</p> <p>9=Aliens who have been battered or subjected to extreme cruelty and meet the conditions necessary to be considered a Qualified Alien</p> <p>This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.</p> <p>ExternalCodeList</p> <p>Name: Alien Codes</p> <p>Description: non compliant</p>				

Syntax Rules:

1. P0102 - If either DMG01 or DMG02 is present, then the other is required.

Semantics:

1. DMG02 is the date of birth.
2. DMG07 is the country of citizenship.
3. DMG09 is the age in years.

Comments:

1. This segment contains the CA-DS member's demographic information.

Notes:

1. **REQUIRED** when enrolling a new member, changing a member's demographic information, or terminating a member.
2. This segment is **REQUIRED** for dependent changes records until the National Individual Identifier is mandated.

Example:

DMG*D8*19450915*F*M~

LUI Member Language

Pos: 150	Max: 5
Detail - Optional	
Loop: 2100A	Elements: 3

User Option (Usage): Situational

To specify language, type of usage, and proficiency or fluency

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
LUI01	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Field Name: WS-FO-LANG-CODE User Note 4: Send when required by X12 syntax. <i>LE – ISO639 Language Codes</i> <i>Refer to MEDS Language to 834 Conversion document.</i>	C	ID	1/2	Situational
		Code Name LD NISO Z39.53 Language Codes CODE SOURCE: <i>457: NISO Z39.53 Language Code List</i> LE ISO 639 Language Codes CODE SOURCE: <i>102: Languages</i>				
LUI02	67	Identification Code Description: Code identifying a party or other code Field Name: WS-FO-LANG-CODE Industry: Language Code User Note 4: This data element should be sent if the sponsor is able to code the language identification. <i>Refer to MEDS Language to 834 Conversion document.</i>	C	AN	2/80	Situational
		ExternalCodeList Name: 102 Description: Languages ExternalCodeList Name: 457 Description: NISO Z39.53 Language Code List				
LUI03	352	Description Description: A free-form description to clarify the related data elements and their content Field Name: WS-FO-LANG-CODE Industry: Language Description User Note 4: This data element should only be used if the sender is unable to code the necessary language identification in LUI01 and LUI02. <i>Refer to MEDS Language to 834 Conversion document.</i>	C	AN	1/80	Not recommended

Syntax Rules:

1. P0102 - If either LUI01 or LUI02 is present, then the other is required.
2. L040203 - If LUI04 is present, then at least one of LUI02 or LUI03 is required.

Semantics:

1. LUI02 is the language code.
2. LUI03 is the name of the language.

Comments:

1. This segment contains CA-DHS member's native language.

Notes:

1. *To be used if the sponsor knows that the insured member's language is other than English.*
2. *This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.*

Example:

LUI*LD*123**8~

HD Health Coverage

Pos: 260	Max: 1
Detail - Optional	
Loop: 2300	Elements: 4

User Option (Usage): Situational

To provide information on health coverage

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HD01	875	Maintenance Type Code Description: Code identifying the specific type of item maintenance Field Name: FM-MD-1ST-HCP-ST_001 Notes: if Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") like "01" then "021" else "024" end if User Note 4: 021 – Addition 024 – Cancellation or Termination 030 – Audit or Compare Daily file will be either 021 or 024 Monthly file will be 030 Code Name 001 Change 002 Delete Use this code for deleting an incorrect coverage record. 021 Addition 024 Cancellation or Termination Use this code for cancelling/terminating a coverage. 025 Reinstatement 030 Audit or Compare	M	ID	3/3	Required
HD03	1205	Insurance Line Code Description: Code identifying a group of insurance products User Note 4: HLT - Health Code Name DEN Dental HLT Health Includes both hospital and professional coverage. VIS Vision	O	ID	2/3	Required
HD04	1204	Plan Coverage Description Description: A description or number that identifies the plan or coverage Notes: FM-MD-AID-CODE_001 & FM-MD-DUAL-AID1_001 & FM-MD-DUAL-AID2_001 & FM-MD-DUAL-AID3_001 User Note 4: The plan coverage description is composed of the following: primary aid code+primary eligibility status code+special aid code 1+special eligibility status code+special aid code 2+special eligibility status code+special aid code 3+special eligibility status code+cap aid current	O	AN	1/50	Situational

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
		<i>Use this element when additional information is needed by the insurer to describe the exact type of coverage being provided. If required by an insurer, this information must be included. The insurer establishes the content of this element in the contract.</i>				
HD05	1207	Coverage Level Code Description: Code indicating the level of coverage being provided for this insured User Note 4: This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information. IND – Individual <u>Code</u> <u>Name</u> IND Individual	O	ID	3/3	Situational

Semantics:

1. HD06 is the number of collateral dependents for the primary insured. A collateral dependent is a relative related by blood or marriage who resides in the home and is dependent on the employee for support.
2. HD07 is the number of sponsored dependents for the primary insured. A sponsored dependent is a dependent between the ages of 19 and 25 who is not in school.
3. HD09 is a late enrollee indicator. A "Y" value indicates the insured is a late enrollee, which can result in a reduction of benefits; an "N" value indicates the insured is a regular enrollee.
4. HD11 is a prescription drug service coverage indicator. A "Y" value indicates that prescription drug service coverage applies; an "N" value indicates that prescription drug service coverage does not apply.

Comments:

1. This segment contains the type of record reported for health coverage information

Notes:

1. Send this segment is **REQUIRED** when enrolling a new member or when adding, updating or removing coverage from an existing member.

Example:

HD*021**HLT*PLAN A BCD*FAM~

DTP Health Coverage Dates

Pos: 270	Max: 4
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Required

To specify any or all of a date, a time, or a time period

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: <i>Date Time Qualifier</i> User Note 4: <i>348 – Benefit Begin</i> <i>349 – Benefit End</i> <i>Qualifier 348 is used for additions and changes.</i> <i>Qualifier 349 is used for terminations.</i>	M	ID	3/3	Required
		Code Name 303 Maintenance Effective <i>This is the effective date of a change where a member's coverage is not being added or removed.</i> 348 Benefit Begin <i>This is the effective date of coverage. This code should always be sent when adding coverage.</i> 349 Benefit End <i>This is the date the coverage specified in the 2300 loop is being terminated. Termination of specified coverage is identified by HD01 code 024 - Cancellation or Termination. This code should always be sent when removing coverage from a member. This code should not be used when a member is terminating all eligible coverage.</i>				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format User Note 4: <i>D8</i> <i>The date is in CCYYMMDD format.</i>	M	ID	2/3	Required
		Code Name D8 Date Expressed in Format CCYYMMDD				
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Field Name: FM-MD-1ST-HCP-ST_001 Notes: if Records("FM-SEGMENT-01").Fields("FM-MD-1ST-HCP-ST_001") like "01" then format(date(),"yyyymm") & "01" else format(dateadd("d",-format(date(),"dd"),date()),"yyyymmdd") end if Industry: <i>Coverage Period</i> User Note 4: <i>first day of this month if new enrollment</i> <i>last day of previous month if termination</i>	M	AN	1/35	Required

Semantics:

1. DTP02 is the date or time or period format that will appear in DTP03.

Comments:

1. This segment contains the dates of health coverage for the CA-DHS member and the corresponding Network.

Notes:

1. *This segment contains the date that maintenance was performed or effective, and the benefit begin and end dates for the coverage or line of business.*

Example:

DTP*348*D8*19961001~

SE Transaction Set Trailer

Pos: 690	Max: 1
Detail - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SE01	96	Number of Included Segments Description: Total number of segments included in a transaction set including ST and SE segments	M	N0	1/10	Required
		Industry: Transaction Segment Count				
SE02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set User Note 4: The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. For example, start with the number 0001 and increment from there. This number must be unique within a specific group and interchange, but the number can repeat in other groups and interchanges. This number is assigned locally by the sender and matches the value in the corresponding ST02 element.	M	AN	4/9	Required

Comments:

1. SE is the last segment of each transaction set.

Example:

SE*39*0001~

GE Functional Group Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

To indicate the end of a functional group and to provide control information

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GE01	97	Number of Transaction Sets Included Description: Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	M	N0	1/6	Required
GE02	28	Group Control Number Description: Assigned number originated and maintained by the sender User Note 4: <i>Group control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.</i>	M	N0	1/9	Required

Semantics:

1. The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.

Comments:

1. The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.

IEA Interchange Control Trailer

Pos:	Max: 1
Not Defined - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

To define the end of an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
IEA01	I16	Number of Included Functional Groups Description: A count of the number of functional groups included in an interchange	M	N0	1/5	Required
IEA02	I12	Interchange Control Number Description: A control number assigned by the interchange sender User Note 4: <i>The interchange control number IEA02 in this trailer is identical to the same data element in the associated interchange control header, ISA13 (including padded zeros or spaces).</i>	M	N0	9/9	Required

Example:

IEA*1*000000905~

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